

Congress of the United States

Washington, DC 20515

March 10, 2006

HELP PROTECT PATIENT ACCESS TO VITAL MEDICAL IMAGING SERVICES

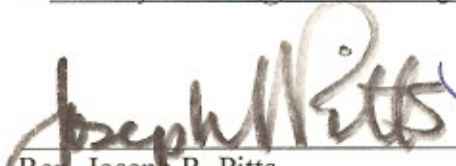
Dear Republican Colleague:

We are writing to express our strong concern with the payment cuts for imaging services under Section 5102 of the Deficit Reduction Act (DRA) and to ask that you co-sign a letter to Speaker Hastert asking him to work with us to mitigate the impact of these payment reductions before they take effect on January 1, 2007.

The provision that caps payments for the technical component of imaging services at the Medicare Hospital Outpatient Department rate results in drastic cuts in reimbursement – upwards of 30-50 percent – for critical imaging services provided in physician offices and independent imaging centers. Imaging services, which account for approximately 10 percent of Medicare spending, are slated to absorb more than one-third of the Medicare cuts in the DRA.

We are concerned that no analysis has been conducted regarding the impact this change in policy will have on Medicare beneficiaries' access to imaging services in a setting that allows for more timely diagnosis and treatment. In addition, we fear that this provision may have the unintended consequence of burdening beneficiaries with higher co-pays and increased wait times and travel times to receive imaging services.

Please consider co-signing this important letter to Speaker Hastert (on back). For more information or to sign on, please contact Monica Volante with Rep. Pitts at Monica.Volante@mail.house.gov, Nikki Miller with Rep. Sam Johnson at Nikki.Miller@mail.house.gov, or Cortney Walker with Rep. Gerlach at Cortney.Walker@mail.house.gov.



Rep. Joseph R. Pitts
Member of Congress



Rep. Sam Johnson
Member of Congress



Rep. Jim Gerlach
Member of Congress

March XX, 2006

The Hon. J. Dennis Hastert
Speaker of the U.S. House of Representatives
H-232, Capitol Building
Washington, D.C. 20515

Dear Speaker Hastert:

We are writing to express our strong concern with the payment cuts for imaging services under Section 5102 of the Deficit Reduction Act (DRA). The provision calling for a cap on payments for the technical component of imaging services under the Medicare Physician Fee Schedule (MPFS) at the Medicare Hospital Outpatient Department (HOPD) rate results in drastic cuts in reimbursement of upwards of 30-50 percent for critical imaging services provided in physician offices and independent imaging centers. Imaging services, which account for approximately 10 percent of Medicare spending, are slated to absorb more than one-third of the Medicare cuts in the DRA.

We are concerned that these cuts were included in the DRA without any public deliberation by the U.S. House of Representatives. There has been no analysis of the impact this change in payment policy will have on Medicare beneficiaries' access to imaging services that allow for more timely diagnosis and the initiation of treatment. We fear that this provision may have the unintended consequence of burdening beneficiaries with higher co-pays and increased wait times and travel times to receive imaging services.

We are aware of preliminary data from an initial pilot survey being conducted by the Society for Vascular Ultrasound demonstrating that some patients already wait 10 days to two weeks for non-urgent imaging services in the hospital outpatient department. Reduced access to imaging in the physician's office will increase those wait times. In addition, beneficiaries often pay higher co-payments for individual imaging services performed in the hospital outpatient department. For example, the patient co-payment for Computed Tomography (CT) of the head/brain (without dye) is \$38 when this procedure is performed in a physician office or free-standing imaging center. The patient's co-pay doubles to \$75 when that same service is provided in the hospital outpatient department instead of the physician's office or a free-standing facility. Similarly, the patient's share of the payment for a carotid ultrasound study—a test to diagnose arterial disease that leads to stroke—is \$43 when the procedure is performed in a physician's office or free-standing imaging facility. However, the patient's co-pay increases by 40 percent to \$61 when that same service is provided in the hospital outpatient department.

Therefore, we are requesting a commitment from you to work with us to mitigate the impact of these payment reductions before they take effect on January 1, 2007. We look forward to working with you on this issue as we attempt to balance the goals of fiscal restraint and patient access to needed medical services.

Rep. Joseph R. Pitts
Member of Congress

Rep. Sam Johnson
Member of Congress

Rep. Jim Gerlach
Member of Congress